

**MULTIPLE-DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 1 2 3 4 5 FILING DATE

**FILING DATE**

107

CLAIMS

	AS FILED		AFTER 1st-AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3		2				
4		(1)				
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TOTAL IND.						
TOTAL DEP.	12					
TOTAL CLAIMS	13					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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